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INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

Application Number	10/517,914
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First Named Inventor	Marcello L. M. Balistreri
Group Art Unit	
Examiner Name	
Attorney Docket Number	NL 030229

To Commissioner For Patents

Enclosed herewith is a Form PTO-1449, any required copies of documents listed thereon, and any concise explanation of their relevance is indicated below per 37 CFR 1.97.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	Michael E. Bulk MICHAEL E. MARION	Registration No. (Attorney/Agent)	38,857 32,266
Signature	<i>Michael E. Marion</i>	Date	1/19/06

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, P.O. BOX 1450 Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office tel. # _____ on the date below:

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PTO/SB/08A (08-03)